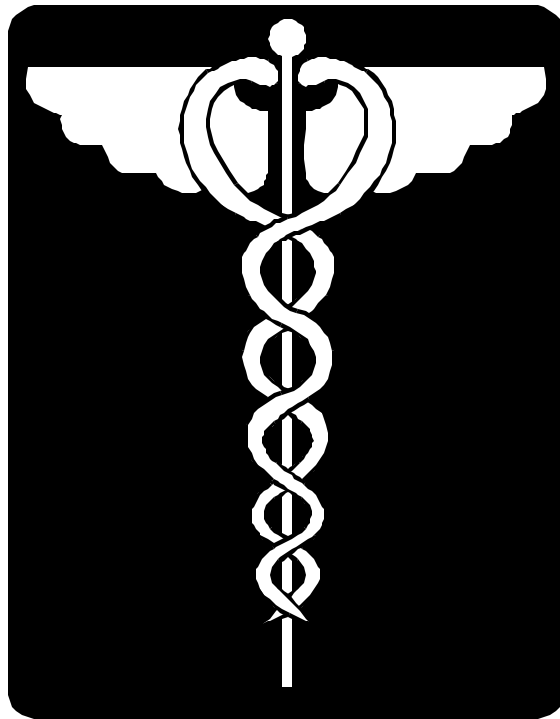


**2002 Statewide Medical & Health
Disaster Exercise**

EXERCISE GUIDEBOOK

State of California
Emergency Medical Services Authority



NOVEMBER 14, 2002



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

Executive Summary

Dear Exercise Participant,

It is time again for the 2002 Statewide Medical and Health Disaster Exercise! This is the California's 4th annual exercise, and we continue to expand the number of participants to incorporate hospitals and other healthcare providers (including long-term care facilities and clinics); pre-hospital care providers, auxiliary communication networks, blood banks and local and regional government agencies.

The 2001 exercise dealt with a hazardous materials release requiring decontamination and sheltering in place. In keeping with the previous theme of "man-made" disasters and in addressing the current hazards and threats that confront emergency managers and the healthcare community, the Exercise Planning Committee has designed this year's scenario around a radiological event and exercise.

This year's Statewide Disaster Medical and Health Management Conferences also will be devoted to radiological emergencies. The conferences will be held on October 1st in Ontario, October 3rd in Commerce and October 15th in San Rafael. For more information on the conferences, visit the website at www.creativeeventsolutions.net/disaster.

The 2001 exercise introduced "sheltering-in-place". This year's exercise incorporates "sheltering" again to reinforce the critical policy decisions and procedures involved in its implementation. In addition, this year's scenario includes the treatment of radiologically "contaminated" patients requiring decontamination to emphasize the learning principles from previous exercises.

The Operational Area (county) Exercise Contact is your point of contact for planning, questions and organization for the exercise. Please see pages 32-37 of this guidebook for the listing of Exercise Contacts.

Important Timelines and Deadlines

Healthcare Facilities and Ambulance Providers:

<u>September 13, 2002</u>	Deadline to fax Intent to Participate Form (page 10) to the Operational Area Medical/Health Exercise Contact (see list of contacts on pages 32-37).
<u>November 14, 2002</u>	Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, agency/facility status reports are due to the Operational Area Emergency Operation Centers. See the scenario for timelines.
<u>November 29, 2002</u>	Deadline to complete and mail the appropriate Master Answer Sheet (pages 13 or 17) to the California EMS Authority (see address on form) to receive a participation certificate.

Amateur Radio and Emergency Auxiliary Communications Systems (ACS):

<u>September 13, 2002</u>	Deadline to fax Intent to Participate Form (page 11) to the Operational Area Medical/Health Exercise Contact (see list of contacts on pages 32-37).
<u>November 14, 2002</u>	Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, status reports will be radioed to the Joint Emergency Operations Center (JEOC) beginning at 1100 am.
<u>November 29, 2002</u>	Deadline to complete and mail the Master Answer Sheet (page 21) to the California EMS Authority (see address on form) to receive a participation certificate.

**Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!**



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

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**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

EXERCISE OBJECTIVES

Hospital Objectives

Objective I: (JCAHO EC 1.4 (b) and EC 2.9.1)

Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably HEICS). Participation in this exercise meets the California Title 22, 70741(d) and JCAHO EC 2.9.1: The disaster plan must be exercised at least twice per year.

Objective II: (JCAHO EC 1.4 (d) and Title 22 70741(b))

Pre-Exercise Event:

Assess the facility's integration and participation in community-wide emergency preparedness, planning and response. This integration includes area hospitals, law enforcement, emergency managers, fire and other healthcare system partners. As a result of this assessment, create collaboration and relationships with those important providers to prepare for the exercise and any actual event.

Objective III: (JCAHO EC 1.4 (c, d))

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective IV: (JCAHO EC 1.4 (n))

Assess the ability to respond to a radiological incident, including victim decontamination.

Objective V: (JCAHO EC 1.4 (c, d, m))

Assess back up systems or techniques for addressing loss of primary communication systems. Implement alternate communication systems to contact public/private medical and health officials, including local government, "sister" and other supportive area healthcare facilities or hospitals.

Objective VI: (JCAHO EC 1.4 (h, i, j))

Assess the response capability of managing an influx of patients and facility overcrowding.

Objective VII:

Assess the ability of your facility to shelter-in-place as a response strategy to an external hazardous materials threat.

**Statewide Medical & Health Disaster Exercise
November 14, 2002**

EXERCISE OBJECTIVES

Ancillary Healthcare Facility Objectives (Includes SNF, LTC, psychiatric and clinic facilities)

Objective I:

Implement the facility's emergency preparedness response plan preferably using a recognized incident command-based system.

Objective II:

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III: Assess the ability of your facility to shelter-in-place.

Ambulance Objectives

Objective I:

Implement the provider's emergency preparedness response plan using a recognized incident command system.

Objective II:

Assess the status of your facility/agency and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the provider's response to a radiological incident.

Objective IV:

Utilize alternative communication systems to reach local government medical & health contacts including dispatch and local area hospitals.

Objective V:

Assess back-up systems or techniques to handle potential problems associated with at least one system critical to the operation of the service, i.e. alternate routing, equipment failure, flat tires, access to fuel, loss of power, etc.

Objective VI:

Assess the ability to manage transportation of radiological victims and coordinate with healthcare facilities and local medical/health contacts.

**Statewide Medical & Health Disaster Exercise
November 14, 2002**

EXERCISE OBJECTIVES

Auxiliary Communications Systems (ACS) Objectives

Objective I: (Pre-Exercise)

Identify agencies with auxiliary communications systems and ascertain the location of the operators and frequencies utilized.

Objective II: (Pre-Exercise)

Coordinate with local auxiliary communications radio operators on use of frequencies, protocols and forms used during an exercise/actual event.

Objective III: (Exercise)

Test regional/statewide network voice systems and redundant communications in coordination with local amateur radio operators, using established frequencies, protocols, and data collection/reporting forms.

Objective IV: (Exercise)

Pass two-way communication messages between state, regional and operational area providers.

Operational Area (Exercise Contact Objectives)

Objective I:

Assess the operational area's ability to collect timely, accurate and appropriate data from participants.

Objective II:

Demonstrate the ability to access and transmit RIMS information to region and state medical and health authorities.

Objective III:

Evaluate RIMS system including appropriateness and accuracy of medical and health response and recovery actions.

Objective IV:

Activate auxiliary communications systems and pass two-way messages to regional and state providers.



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

**EXERCISE SCENARIO
Thursday, November 14, 2002**

8:00 A small explosive detonates in the storage area of a local high school. Local dispatch and 9-1-1 is flooded with calls reporting the explosion, injuries and fatalities and requests for help. Local emergency responders are dispatched to the scene.

On approach to the scene, the school principal reports that a call came in to the school office just before the detonation occurred and the caller stated that a “dirty bomb” was going to explode.

- ✍ Emergency responders arrive on scene and report student and school personnel evacuating the school and congregating on the basketball courts, approximately 1000 feet from the area of explosion;
- ✍ The emergency responders establish a safe perimeter around the immediate area;
- ✍ Law enforcement arrives on scene and establishes a secure perimeter of several blocks surrounding the school. Residents within that perimeter are being evacuated.
- ✍ Law enforcement, bomb squad and/or hazardous materials teams confirm that there is an unknown amount of radioactive material incorporated into the dispersal device.
- ✍ Victims are found near the area of the explosion including two unconscious with traumatic injuries and one dead.
 - The two unconscious victims have readings of 2000 counts per minute.
 - This information is communicated to the incident commander
- ✍ News reporters and helicopters surround the area. Local law enforcement are contacting the Federal Aviation Administration (FAA) to establish a “no fly” zone over the area.

8:25 Local hospitals receive notification of the event including the radiological contamination and are advised to prepare for possible contaminated victims. The hospitals and EMS personnel are monitoring the media for details of the incident.

8:30 Hospitals and healthcare providers activate Emergency Management Plans and hospital emergency operations centers (EOC) and prepare for possible decontamination of arriving patients.

8:45 Law enforcement reports that the parents of the school children are congregating at the perimeter lines and are demanding to be let into the area to be with their children.

**Exercise Scenario
November 14, 2002**

- 8:45** Prehospital providers notify **ALL hospitals** in the area that **each facility** will be receiving at least two (2) radiologically contaminated patients within 15 minutes. The patients that each hospital will receive are described below:

Two unconscious patients are extricated from the area and are loaded into ambulances for transport to the hospital. One patient is a teenager (patient number 1) with shrapnel wounds in the abdomen and the arm, vital signs stable; the other is an adult (patient number 2) with no visible wounds but is bleeding from the nose and ears and has a swollen abdomen with unstable vital signs.

- 8:50** Parents of school children begin arriving at the hospital. Press and media are demanding information.

- 9:00** The contaminated patients arrive at the hospital. Patient number 1 has readings in of 50 millirem/hour (mR/hr) at 2 inches from the shrapnel wounds in the abdomen and 10 mR/hr at 2 inches from the wounds in arm. After removal of the shrapnel and its placement in a shielded container, patient number 1 has contamination readings of 1,000 to 1500 counts per minute (CPM) on the abdomen and 2,000 CPM on the arm. Patient number two has generalized contamination readings of 2,000 CPM with localized contamination readings of 10,000 CPM on his hands.

- 9:10** The Regional Emergency Operations Center, the Joint Emergency Operations Center and the State Operations Center are now open and receiving requests for assistance in the local area.

- 9:30** Another explosion occurs in the community at the telephone network/communications building and all phone service to the hospital and the surrounding area, including the Operational Area Emergency Operations Center (EOC), is disrupted. Auxiliary communications, both internal and external, are activated. This explosion is determined to be free of radiological materials and there are NO injuries or victims reported from this second explosion.

- 9:45** The hospital is notified that there are 15 patients inbound from the school with minor lacerations, abrasions and anxiety. They have been fully evaluated in the field and are not radiological contaminated.

These patients arrive and are able to ambulate to the emergency department without assistance. The patients are all teenagers between the ages of 15 – 18 years old. No serious injuries are noted.

- 10:00** The local public health officials have determined that a small release of radioactive material has occurred from the school site. Although most hospitals and other agencies and schools are downwind of the release, the local public health department and local Office of Emergency Services recommends sheltering-in-place for the next ½ hour. The expected radiation dose from the release is approximately 30 millirem. This dose is roughly equivalent to a chest x-ray and approximately 1/10th of the annual background dose.

**Exercise Scenario
November 14, 2002**

10:00 The decision is made to shelter-in-place and orders go out to facility managers to begin the process.

Decisions confronting hospitals, healthcare facilities and all agencies may include:

- ? **How secure is the facility to protect patients and staff from people entering without triage or decontamination?**
- ? **Will you maintain the shelter-in-place order strictly and prohibit the patients and others from entering the facility?**
- ? **What will you do with the patients and family arriving at your facility that are not related to the school event? For example: A heart attack victim from another area of the community whose condition is unrelated to the event?**

10:10 Public Health announcements via the public alert system go out to residents advising them to stay indoors, turn off any heat/air conditioning or ventilation systems.

10:30 The release of radioactive material has dissipated and the local health officer announces that sheltering-in-place can be discontinued. Fire officials and hazardous materials response teams have identified the radiological substance as **Iridium 192**. The emergency responders, hospitals and the public are notified.

Reminder to exercise controller, identification of the agent should not be revealed to participants until this point in the exercise.

The media continue to arrive at your agency/facility and are demanding to interview patients and staff.

10:35 Phone service has been re-established in the area.

11:00 All facilities, agencies and providers report status to the Operational Area.

11:30 The Regional Emergency Operations Center begins to receive reports from the Operational Area and relays the information and resource requests to the Joint Emergency Operations Center and the State Operations Center.

12:00 Exercise ends.

**Your Logo
Or
Letterhead
Here**

**Sample
Community Press Release**

**Statewide Medical & Health Disaster Exercise
November 14, 2002**

For Immediate Release
(Date of release)

Contact: Jane Doe
(XXX) XXX-XXXX

On November 14, 2002, 8:00 am to noon, many hospitals, other healthcare facilities and ambulance providers in XXX county or city, and across the State of California, will voluntarily participate in the fourth annual statewide medical and health disaster exercise. The scenario for the exercise is a response to an explosion involving radiological materials, a release of the material into the air leading to sheltering-in-place (a recommended protection to keep the public safe from exposure) and decontamination of victims. Last year nearly 400 healthcare facilities, over 50 ambulance providers and nearly every county in California participated in the exercise. This year, local, regional and state governmental agencies, volunteer organizations and public and private healthcare providers will be activating their disaster plans and communication systems to coordinate their community response to this disaster exercise.

Disaster exercises assess the effectiveness and evaluate the readiness of our community emergency preparedness programs and communication links. Many agencies work cooperatively to respond to any disaster. Implementing and practicing the procedures and community responses is vital to maintaining readiness.

This statewide exercise is a cooperative effort of many agencies including the Emergency Medical Services Authority, Department of Health Services, State/Regional and local Office of Emergency Services, Office of Statewide Health Planning and Development, California Healthcare Association, Healthcare Association of Southern California, Regional Hospital Associations, California Ambulance Association, California Fire Chiefs, Auxiliary Communications Systems (ACS) volunteers, Los Angeles County Emergency Medical Services Agency, and Hospital Corporations.

For complete exercise information, please visit www.emsa.ca.gov

**Your logo
Or
Letterhead
Here**

**Sample
Public Information Officer
Media Advisory**

**Statewide Medical and Health Disaster Exercise
November 14, 2002**

Date: 11-14-02

Contact: Jane Doe
(XXX) XXX-XXXX

What: California is conducting the fourth annual Statewide Medical and Health Disaster Exercise. Many hospitals and ambulance providers across the state will voluntarily participate in the exercise. The scenario for the exercise is a response to a radiological materials release, decontamination procedures, and sheltering-in-place (a recommended protection to keep the public safe from exposure).

When: 8:00 a.m. to 12:00 p.m., Thursday, November 14, 2002

Where: In hospitals and other healthcare provider organizations, ambulance services and local government agencies throughout the State of California.

Who: Exercise planners and supporters of this exercise include: Emergency Medical Services Authority, Department of Health Services, State/Regional and local Office of Emergency Services, Office of Statewide Planning and Development, California Healthcare Association, Healthcare Association of Southern California, Regional Hospital Associations, California Ambulance Association, California Fire Chiefs, Auxiliary Communications Systems (ACS) volunteers, Los Angeles County Emergency Medical Services Agency, and hospital corporations.

Background: Participating in exercises such as this helps our community be better prepared to respond to an actual disaster should it happen. Hospital participation in this exercise also qualifies as a formal disaster drill with an influx of patients as defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

**INTENT TO PARTICIPATE
For Healthcare Facilities and Ambulance Providers**

**THIS FORM MUST BE FAXED TO THE OPERATIONAL AREA (COUNTY) MEDICAL/HEALTH
EXERCISE CONTACT (LISTED IN PAGES 32-37)
BY FRIDAY, SEPTEMBER 13, 2002.**

Name of
Facility or Provider: _____

Type of Facility: _____

Address: _____

City: _____ Zip: _____

Exercise Coordinator or contact: _____

Telephone #: _____ Fax #: _____

Email: _____

County: _____

1. Please indicate whether your healthcare facility/ambulance provider will participate in the Statewide Exercise, November 14, 2002.
 - ☐ Will participate
 - ☐ Will not participate (*Skip next question*)
2. Please indicate the level of participation of your healthcare facility/ambulance provider during the November 14, 2002 exercise.
 - ☐ Full-scale exercise
 - ☐ Functional exercise (See Glossary for exercise definitions)
 - ☐ Table top exercise
 - ☐ Communications exercise only
 - ☐ Have not yet determined level of participation, but will participate

This form must be completed for each healthcare facility, ambulance provider or entity participating in the exercise. If you are a multiple facility or multi-campus facility, complete one Intent to Participate Form for each individual facility participating. The form may be duplicated for this purpose.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

INTENT TO PARTICIPATE
Emergency and Auxiliary Communications System (ACS) Providers

**THIS FORM MUST BE FAXED TO THE OPERATIONAL AREA (COUNTY)
MEDICAL/HEALTH EXERCISE CONTACT (LISTED IN PAGES 32-37)
BY FRIDAY, SEPTEMBER 13, 2002.**

Name of
ACS Radio Association: _____

ACS Radio Exercise Contact: _____

County/Area/Facility Served: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

Call Sign: _____

Frequencies: _____

Please check appropriate box for your amateur radio association/agency participation in the
Statewide Exercise, November 14, 2002.

☐ Will participate

☐ Will not participate

Please fax this form to the Operational Area (County) Medical/Health Exercise Contact (see pages
32-37 in the Exercise Guidebook) by **Friday, September 13, 2002.**



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

**OPERATIONAL AREA INTENT TO PARTICIPATE
Medical/Health Exercise Contact – Fax this form to the Regional Disaster
Medical/Health Specialist (listed on page 38) by FRIDAY, SEPTEMBER 13, 2002.**

Operational Area (County): _____

Operational Area Medical/Health
Exercise Contact Name: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

Operational Area Agency	Intent to Participate in the Operational Area Exercise (Check One Column)		
	Yes, Will Participate	No, Will Not Participate	
Local Emergency Medical Services Agency			
Local Health Officer/Public Health			
Operational Area Disaster Medical/Health Coordinator			
Local Office of Emergency Services			
Auxiliary Communications Systems			
Other- Specify:			
Operational Area Participants	Total number in County	Yes will Participate (Enter Number Participating)	No, Will Not Participate (Enter Number Not Participating)
Hospitals:			
Acute Care			
Other Healthcare facilities (SNF)			
Psychiatric Hospitals, facilities			
Clinics			
Other (specify):			
Ambulance Providers and Agencies			
Other- Specify:			
Other- Specify:			
Other- Specify:			
Other- Specify:			
Other- Specify:			

Fax this form to the Regional Disaster Medical/Health Specialist (Listed on pages 32-37) by Friday, SEPTEMBER 21, 2002.



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

**HOSPITAL/HEALTHCARE FACILITY
MASTER ANSWER SHEET**

Complete this Master Answer Sheet for responses to the Hospital/Healthcare Facility Exercise Evaluation Questions and mail only this page to the address below.

Hospital/Healthcare Facility Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

1. a b c d e f g

2. a b c d e f g h

3. a b c d

4. a b c

5. a b c

6. a b c d

7. a b c d e f

8. a b c

9. a b c

10. a b c d e

11. a b c d

12. a b c

13. a b c d

14. a b c

15. a b c

16. a b c

17. **Comments**

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attaching additional pages as needed. We appreciate your comments!

Mail completed answer sheet by NOVEMBER 29, 2002 to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

HOSPITAL/HEALTHCARE FACILITY EXERCISE EVALUATION QUESTIONS

This form is to be completed by the participating healthcare facility.

Please use the attached **Master Answer Sheet** for Hospital/Healthcare Facilities when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (page 13) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2002 Exercise Participation Evaluation Master Answer Sheet.

1. Please circle the single best answer that describes which OES Mutual Aid Region your facility is in (Listed on page 38).
 - A. Region I
 - B. Region II
 - A. Region III
 - B. Region IV
 - C. Region V
 - D. Region VI
 - E. Don't Know

2. Circle the single best answer that describes your facility.
 - A. Acute care hospital with a basic or comprehensive emergency department
 - B. Acute care hospital with a stand-by emergency department
 - C. Acute care hospital with no emergency department
 - D. Psychiatric hospital
 - E. Specialty care hospital
 - F. Long Term Care Facility
 - G. Clinic
 - H. Other

3. Please indicate the level of participation of your facility during the exercise.
 - A. Full Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise

4. Did you activate your disaster plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know

5. Does your disaster plan utilize the Hospital Emergency Incident Command System (HEICS)?
 - A. Yes
 - B. No
 - C. Please send my organization information on HEICS

HEALTHCARE FACILITY EXERCISE EVALUATION QUESTIONS (Continued)

6. Did your facility implement an alternate communication system (other than public telephone service) to reach the County Emergency Operations Center, nearby hospitals or "sister" hospitals?
- A. Yes
 - B. No (if no, skip to question 8)
 - C. Don't know
 - D. N/A
7. Identify the communication system(s) that was utilized. (Circle all that apply)
- A. HEAR radio
 - B. ReddiNet
 - C. EMSsystem
 - D. Auxiliary Communications Systems (ACS)
 - E. Internet
 - F. Other (specify): _____
8. Did your facility implement methods to respond to a large influx of patients and subsequent facility overcrowding during the November 14th exercise?
- A. Yes
 - B. No
 - C. Don't know
9. Did your facility decontaminate patients during the exercise?
- A. Yes
 - B. No (if no, skip to question 11)
 - C. Don't know
10. Please indicate the number of patients your facility decontaminated?
- A. < 5
 - B. 5-20
 - C. 21-50
 - D. > 50
 - E. N/A
11. Did your facility establish alternative communications between ambulance personnel and your facility during the exercise?
- A. Yes
 - B. No
 - C. Don't know
 - D. N/A
12. Did your facility simulate a sheltering-in-place during the exercise?
- A. Yes
 - B. No
 - C. Don't know
13. How would you evaluate your facility's response to the event and initiation of disaster plan?
- A. Excellent, no changes needed in the disaster plan
 - B. Good, minor changes in the system/disaster plan identified
 - C. Fair, moderate changes needed in the system/disaster plan identified
 - D. Needs improvement, substantial disaster plan review/changes identified

HEALTHCARE FACILITY EXERCISE EVALUATION QUESTIONS (Continued)

14. In general, were you satisfied with the November 14th statewide exercise?
- A. Yes
 - B. No
 - C. Don't know

Traditionally, the annual statewide exercise is conducted from 0800 until 1200. The Exercise Planning Committee is considering conducting the annual Statewide Exercise at other times of the day. Please provide us with your feedback:

15. Would your facility participate in a Statewide "off hours" exercise in the future.
- A. Yes (If yes, please answer question number 16)
 - B. No (If no, please skip to question number 17)
 - C. Don't know
16. The facility would participate in a Statewide exercise conducted in the following hours:
(Please check all hours your facility would consider participating in)
- A. PM Shift hours (3 pm to 11 pm)
 - B. Night Shift hours (11 pm to 7 am)
 - C. Weekend days
17. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We very much appreciate your feedback!

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

**AMBULANCE PROVIDER
MASTER ANSWER SHEET**

Complete this Master Answer Sheet for responses to the Ambulance Provider Exercise Evaluation Questions and mail only this page to the address below.

Ambulance Provider Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

1. a b c d e f g

2. a b c d

3. a b c d e

4. a b c d

5. a b c

6. a b c

7. a b c d

8. a b c

9. a b c

10. a b c d e

11. a b c

12. a b c d

13. a b c d

14. a b c

15. a b c

16. Comments

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by NOVEMBER 29, 2002 to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Disaster Exercise



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

AMBULANCE PROVIDER EXERCISE EVALUATION QUESTIONS
This form is to be completed by the participating ambulance provider.

Please use the **Master Answer Sheet** (page 17) for Ambulance Providers when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2002 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your service is in (Listed on page 38).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know

2. Please circle the single best answer that describes your service.
 - A. Basic Life Support
 - B. Advanced Life Support
 - C. Both A and B
 - D. Other (specify) _____

3. Circle the single best answer that describes your service.
 - A. Private business
 - B. Fire service affiliate
 - C. Special district or local government (other than fire service)
 - D. Hospital affiliate
 - E. Other (specify) _____

4. Circle the level of participation of your service during the exercise.
 - A. Fully Scale Exercise
 - B. Functional Exercise
 - C. Tabletop Exercise
 - D. Communications Exercise

5. Did you activate your disaster plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't know

AMBULANCE PROVIDER EXERCISE EVALUATION QUESTIONS (Continued)

6. Does your disaster plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know
7. Did you implement an alternative communication system, other than the telephone, to reach the ambulance crews, dispatch and hospitals during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
8. Did you implement methods to respond to an increased call volume while hospitals were on diversion due to sheltering-in-place?
 - A. Yes
 - B. No
 - C. Don't know
9. Did your operation deal with contaminated patients during the exercise?
 - A. Yes
 - B. No (if no, skip to question 11)
 - C. Don't Know
10. How many radiologically contaminated patients did you assist with in decontamination and transport?
 - A. < 5
 - B. 5-20
 - C. 21-50
 - D. > 50
 - E. N/A
11. Did your agency simulate sheltering-in-place during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
12. How would you evaluate your service's response to the event and initiation of disaster plan?
 - A. Excellent, no changes needed in the disaster plan
 - B. Good, minor changes in the system/disaster plan identified
 - C. Fair, moderate changes needed in the system/disaster plan identified
 - D. Needs improvement, substantial disaster plan review and changes identified

AMBULANCE PROVIDER EXERCISE EVALUATION QUESTIONS (Continued)

13. In general, were you satisfied with the November 14th Statewide exercise?
- A. Yes
 - B. No
 - C. Don't know
 - D. N/A

Traditionally, the annual statewide exercise is conducted from 0800 until 1200. The Exercise Planning Committee is considering conducting the annual Statewide Exercise at other times of the day. Please provide us with your feedback:

14. Would your agency participate in a Statewide "off hours" exercise in the future.
- A. Yes (If yes, please answer question number 16)
 - B. No (If no, please skip to question number 17)
 - C. Don't know
15. The agency would participate in a Statewide exercise conducted in the following hours:
(Please check all hours your facility would consider participating in)
- A. PM Shift hours (3 pm to 11 pm)
 - B. Night Shift hours (11 pm to 7 am)
 - C. Weekend days
16. Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed.

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

**EMERGENCY AND AUXILIARY COMMUNICATIONS SYSTEM PROVIDERS (ACS)
MASTER ANSWER SHEET**

**Complete this Master Answer Sheet for responses to the Emergency and ACS Exercise
Evaluation Questions and mail only this page to the address below.**

Organization Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

1. a b c d e f g

8. a b c

2. a b c d

9. a b c

3. a b c

10. a b c

4. a b c

11. a b c d

5. a b c

12. a b c

6. a b c

13. a b c

7. a b c

14. a b c

15. **Comments?**

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by NOVEMBER 29, 2002 to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

**EMERGENCY AND AUXILIARY COMMUNICATIONS SYSTEMS (ACS)
EXERCISE EVALUATION QUESTIONS**

This form is to be completed by each participating radio provider.

Please use the attached **Master Answer Sheet** (page 21) for Emergency and ACS Radio when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2002 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your organization is in (Listed on page 38).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know

2. Please circle the single best answer that describes your organization.
 - A. ACS
 - B. CARES
 - C. RACES
 - D. Other: (specify) _____

3. Did you activate your disaster plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't know

4. Does your disaster plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know what ICS is.

5. Did you educate the hospitals and operators in your area about the frequencies, information packet and protocols pre-exercise?
 - A. Yes
 - B. No
 - C. Don't know

6. Did you coordinate, pre-exercise, with local amateur radio operators on frequencies and protocols to use during the November 14th exercise?
 - A. Yes
 - B. No
 - C. Don't know

**EMERGENCY AND AUXILIARY COMMUNICATIONS SYSTEMS (ACS)
EXERCISE EVALUATION QUESTIONS (Continued)**

7. Did you transmit and receive information?
 - A. Yes
 - B. No
 - C. Don't know
8. Was the transmitted data received and accepted?
 - A. Yes
 - B. No
 - C. Don't know
9. Did you activate the regional/statewide network voice systems during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
10. Were frequencies and channels open and available for transmission during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
11. How would you evaluate your organization's response to the event and initiation of the disaster plan?
 - A. Excellent, no changes needed in the disaster plan
 - B. Good, minor changes in the system/disaster plan identified
 - C. Fair, moderate changes needed in the system/disaster plan identified
 - D. Needs improvement, substantial disaster plan review and changes identified

Traditionally, the annual statewide exercise is conducted from 0800 until 1200. The Exercise Planning Committee is considering conducting the annual Statewide Exercise at other times of the day. Please provide us with your feedback:

12. Would your organization participate in a Statewide "off hours" exercise in the future.
 - A. Yes (If yes, please answer question number 16)
 - B. No (If no, please skip to question number 17)
 - C. Don't know
13. The organization would participate in a Statewide exercise conducted in the following hours:
(Please check all hours your facility would consider participating in)
 - A. PM Shift hours (3 pm to 11 pm)
 - B. Night Shift hours (11 pm to 7 am)
 - C. Weekend days

**EMERGENCY AND AUXILIARY COMMUNICATIONS SYSTEMS (ACS)
EXERCISE EVALUATION QUESTIONS (Continued)**

14. In general, were you satisfied with the November 14TH Statewide exercise?
- A. Yes
 - B. No
 - C. Don't know
 - D. N/A

15. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We appreciate your feedback!

Thank you for your participation with this survey.

Please mail the **COMPLETED MASTER ANSWER SHEET** to:

**California Emergency Medical Services Authority
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**State of California
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Glossary of Terms

Auxiliary Communications Services (ACS)	The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications; such as with its agencies, cities within the Operational Area, neighboring governments, and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response, and recovery with telecommunications resources and personnel.
California Amateur Radio Emergency Services (CARES)	CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.
Communications Exercise	The communications exercise is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.
Decontamination	<u>Radioactive materials:</u> The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Isolating the area or object contaminated, and letting the material stand can also control contamination. <u>Hazardous materials:</u> Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances.
“Dirty Bomb”	See: Radiological Dispersal Device
Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.
Emergency Management	The organized analysis, planning, decision making, assignment, and coordination to available resources to the mitigation of, preparedness for, response to, or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.

Glossary of Terms

Exposure versus contamination	<p><u>Exposure</u>: Subjected to, or exposed to, a contaminant in an unprotected or partially protected manner, but not necessarily contaminated by an agent.</p> <p><u>Contamination</u>: Contact with a hazardous or infective agent in an unprotected manner.</p>
Functional Exercise	The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages.
Full Scale Exercise	This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.
Hazardous material	A substance or combination of substances, which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment.
Hazardous material incident	Any release of a material capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material.
Hospital Emergency Incident Command System (HEICS)	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMS Authority at 916-322-4336 or on the website at www.emsa.ca.gov .
Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident.

Glossary of Terms

Iridium 192	Iridium-192: A radioactive isotope of the element Iridium. It emits beta and gamma radiations. Iridium-192 has a half life of 73.8 days (In 73.8 days one half of the starting amount will have decayed.). Iridium-192 is commonly used in medicine and industry. In both of these fields, the Iridium-192 is encapsulated in a small stainless steel tube. These types of radioactive sources are called sealed sources. The beta radiations are blocked by the steel tube. However, the gamma radiations are not. In radiation oncology Iridium-192 is used to treat cancer. The gamma radiations from the Iridium-192 are used to kill the cancer cells. In industry, Iridium-192 is used for industrial radiography. X-ray film is placed on an item and the radioactive source is positioned so that a picture of the interior of the item can be made. This allows the testing personnel to determine if the quality of critical welds meets standards, if metal has fatigue cracking, and other useful information. Typical industrial radiography Iridium-192 sources may have as much as 100 Curies of radioactivity when the source is new. Iridium-192 may be used in research and laboratories.
Joint Emergency Operations Center (JEOC)	A unified operations center established by the State Emergency Medical Services Authority and Department of Health Services to manage the State-level medical and health response to disasters including the use of state resources.
Local Emergency (State definition)	The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.
Long-Term Care Facilities	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division license these facilities.
Medical and Health Operational Area Coordinator (MHOAC) (Formerly known as OADMHC)	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.

Glossary of Terms

Radio Amateur Civilian Emergency Services (RACES)	The RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a Radio Officer, 2) preparing a RACES Plan, and 3) training and utilizing FCC licensed Amateur Radio operators. RACES (whether part of an ACS, or as a stand along unit) is usually attached to a state or local government's emergency preparedness office, or to a department designated by that office, such as the sheriff's, or communications department.
Radiation	There are three types of radiation: (1) Alpha : The least penetrating type of nuclear radiation; not considered dangerous unless alpha-contaminated particles enter the body (2) Beta : A type of nuclear radiation that is more penetrating than alpha radiation and can damage skin tissue and harm internal organs (3) Gamma : Gamma rays are high-energy, ionizing radiation that travel at the speed of light and have great penetrating power. They can cause skin burns, severely injure internal organs, and have long-term, physiological effects.
Radiological Dispersal Devices (RDD)	A conventional Explosive incorporating nuclear materials
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, who are responsive to the needs of the operational areas and coordinates with the State Operations Center.
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command system and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one (1) REOC is opened. The SOC establishes overall response priorities, and coordinates with federal responders.
Status Codes	Green: Provider is able to carry out normal operational functions Yellow: Some reductions in patient services, but overall, provider is able to carry out normal operational functions Red: Significant reductions in-patient services. Emergency services only being provided. Black: Provider has been severely affected. Unable to continue any services

Glossary of Terms

Tabletop Exercise	An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.
Terrorism	The calculated use of violence or the threat of violence to attain goals that are political, religious, or ideological in nature. This can be done through intimidation, coercion, or instilling fear. Terrorism includes a criminal act against persons or property that is intended to influence an audience beyond the immediate victims.



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Resources

The following is a list of recommended resources to assist you in preparing for radiological emergencies and sheltering-in-place.

Radiological Emergencies Resources

Radiation Emergency Assistance Center REAC/TS

The Radiation Emergency Assistance Center Training Site supports the Department of Energy, the World Health Organization and the International Atomic Energy Agency in the medical management of radiation accidents.

The site covers topics including Radiation Safety, Types of Radiation Exposure, and Managing Radiation Emergencies in the pre-hospital and hospital settings.

www.orau.gov/reacts

Federal Radiation Emergency Response Plan

This site describes the role of various federal agencies in the prevention and management of radiation emergencies. Transportation accidents, monitoring devices and interagency collaboration are addressed.

www.fas.org/nuke

Food and Drug Administration

The FDA site covers the use of Potassium Iodide in the treatment of radiation emergencies. Information from the lessons learned at Chernobyl is used as a data source. Treatment recommendations and prophylaxis are reviewed.

www.fda.gov/cder/guidance

Australian Radiation and Nuclear Protection Safety Agency

The ARPNSA has a comprehensive manual on the Medical Management of Individuals Involved in Radiation Accidents. This manual, in PDF format, can be downloaded into a pocket guide. Scene response, hospital management, victim assessment, potential injuries and decontamination are outlined clearly in this guide.

www.arpansa.gov.au

Federal Emergency Management Agency

The FEMA web site includes a Radiological Emergency Management training and education module. The course can be used for on site training or downloaded for as a home study course.

www.training.fema.gov

Specific Radiological Resources

"Guidance for Radiation Accident Management - Prehospital Emergency Services"
Radiation Emergency Assistance Center/Training Site (REAC/TS)
<http://www.ornl.gov/reacts/manage.htm>

"Hazardous Materials Incident Response Procedures"
Department of Energy
<http://www.em.doe.gov/otem/05072v2.pdf>

"Model Annex for Preparedness and Response to a Radiological
Transportation Accident"
Department of Energy
<http://www.em.doe.gov/otem/03072v2.pdf>

"Model First Responder Procedures for Radiological Accidents"
Department of Energy
<http://www.em.doe.gov/otem/04072v2.pdf>

"Model Procedure for Properly Handling and Packaging Potentially
Radiologically Contaminated Patients"
Department of Energy
<http://www.em.doe.gov/otem/pkgv2.pdf>

"Model Radioactive Material or Multiple Hazardous Materials
Decontamination Procedure"
Department of Energy
<http://www.em.doe.gov/otem/2818body.pdf>

Medical Management of Radiological Casualties Handbook, US Army
<http://www.afri.usuhs.mil/www/outreach/pdf/radiologicalhandbooksp99-2.pdf>

Sheltering-In-Place As A Protective Action Resources

Lawrence Berkeley National Laboratory

The LBNL offers guidelines for safeguarding your facilities through sheltering in place. Step by step plans on air intake safety, building plan evaluation and response procedures for internal and external threats are reviewed.
securebuildings.lbl.gov



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
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Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Alameda	Jim Morrissey Alameda EMS 1000 Broadway Ste. 5000 Oakland, CA 94607	Phone: 510-267-8080 Fax: 510- 465-5624 Email: jimorri@co.alameda.ca.us
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvemsa.com
Butte	Dr. Mark Lundberg Health Officer 202 Miraloma Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Nancy Parriott 251 E. Webster St. Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: nparriott@ncen.org
Contra Costa	Dan Guerra Contra Costa EMS 1340 Arnold Dr. Ste 126 Martinez, CA 94590	Phone: 925-646-4690 Fax: 925-646-4379 Email: dguerra@hsd.co.contra-costa.ca.us
Del Norte	Kathy Stephens Del Norte Public Health 800 Northcrest Dr. Crescent City, CA	Phone: 707-464-7227 Fax: 465-6701 Email: kstephens@co.del-norte.ca.us
El Dorado	Kaya Goodwin El Dorado Public Health 931 Spring Street Placerville, CA 95667	Phone: 530-621-6119 Fax: 530-626-4713 Email: gehamlin@innercite.com
Fresno Kings Madera	Lee Adley, RDMHS PO Box 11867 Fresno, CA 93775	Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov
Glenn	Susan Thurman Public Health 240 N. Villa Avenue Willows, CA 95988	Phone: 530-934-6588 Fax: 530-934-6463 Email: NA

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Humboldt	Clarke Guzzi Humboldt Public Health 529 "I" St. Eureka, CA 95510	Phone: 707-268-2187 Fax: 707-445-6097 Email: cguzzi@co.humboldt.ca.us
Imperial	John Pritting 935 Broadway El Centro, CA 92243	Phone: 760-482-4468 Fax: 760-482-9933 Email: johnpritting@imperialcounty.net
Inyo	Tamara Pound PO Box Drawer H Independence, CA 93526	Phone: 760-878-0232 Fax: 760-878-0241 Email: inyohhs@qnet.com
Kern	Russ Blind Interim EMS Director 1400 H Street Bakersfield, CA 93301	Phone: 661-861-3200 Fax: 661-322-8453 Email: blindr@co.kern.ca.us
Lake	Richard Arnold Lake Co. Dept. of Health 922 Bevins Ct. Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-263-1662 Email: richarda@co.lake.ca.us
Lassen	Chip Jackson OES 220 S. Lassen, Suite 1 Susanville, CA 96130	Phone: 530-251-8222 Fax: 530-257-9363 Email: sheriff@co.lassen.ca.us
Los Angeles	Larry Smith, MHOAC 5555 Ferguson Drive Ste. 220 Commerce, CA 90022	Phone: (323) 890-7559 Fax: (323) 890-8536 Email: lasmith@dhs.co.la.ca.us
Marin	Troy Peterson Marin EMS 161 Mitchell Blvd. Ste 100 San Rafael, CA 94903	Phone: 415-499-3287 Fax: 415-499-3747 Email: tpeterson@marin.org
Mariposa	Glyn Scharf EMS Coordinator PO Box 5 Mariposa, CA 95338	Phone: 209-966-3689 Fax: 209-966-4929 Email: to be announced
Mendocino	Steve Francis Coastal Valley EMS Mendocino 890 Bush St. Ukiah, CA 95482	Phone: 707-463-4590 Fax: 707-467-2551 Email: franciss@co.mendocino.ca.us
Merced	Chuck Baucom EMS Administrator 260 E. 15 th Street Merced, CA 95340	Phone: 209-381-1255 Fax: 209-389-1381 Email: he39@co.merced.ca.us

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Modoc	Nancy Ballard Modoc Co. OES P.O. Drawer 460 Alturas, CA 96101	Phone: 530-233-4416 Fax: 530-233-4971 Email: nballard@sheriff.co.modoc.ca.us
Mono	Lt. Steve Maris PO Box 616 Bridgeport, CA 93517	Phone: 760-932-7549 Fax: 760-932-7435 Email: HEYNOAH@qnet.com
Monterey	Don Hiatt Monterey EMS 19065 Portola Dr. Ste I Salinas, CA 93908	Phone: 831-755-5013 Fax: 831-455-0680 Email: hiattd@co.monterey.ca.us
Napa	Randy Linthicum Coastal Valley EMS/Napa 1721 First St. Napa, CA 94559	Phone: 707-253-4199 Fax: 707-259-8122 Email: rlinthic@co.napa.ca.us
Nevada	Cheryl Montague Nevada Co. Health & Human Services 10433 Willow Valley Rd Nevada City, CA 95959	Phone: 530-265-1491 Fax: 530-265-7261 Email: cheryl.montague@co.nevada.ca.us
Orange	Paul Russell, MHOAC 405 West Fifth St. Suite 301A Santa Ana, CA 92701	Phone: 714-834-3124 Fax: 714-834-3125 Email: prussell@hca.co.orange.ca.us
Placer	Young Rodriguez Placer County OES 2968 Richardson St. Auburn, CA 95603	Phone: 530-886-5300 Fax: 530-886-5343 Email: yrodrigu@placer.ca.gov
Plumas	Sandy Norton, PHN Health Dept. PO Box 3140 Quincy, CA 95971	Phone: 530-283-6346 Fax: 530-283-6110 Email: snorton@pchealth.net
Riverside	Michael J. Potter 4065 County Circle Dr. PO box 7600 Riverside, CA 92513	Phone: 909-358-5029 Fax: 909-358-5160 Email: mipotter@co.riverside.ca.us

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Sacramento	Bruce Wagner Sacramento Co. EMS 9616 Micron Ave. Ste 635 Sacramento, CA 95827	Phone: 916-875-9753 Fax: 916-875-9711 Email: wagner@saccounty.net
San Benito	Margie M. Riopel San Benito County, EMS 471 Fourth St. Hollister, CA 95023	Phone: 831-636-4168 Fax: 831-636-4104 Email: mriopel@oes.co.san-benito.ca.us
San Bernardino	George Bolton Medical/Health Disaster Coordinator 515 N. Arrowhead Ave. San Bernardino, CA 92415	Phone: 909-388-5831 Fax: 909-388-5825 Email: gbolton@ph.co.san-bernadino.ca.us
San Diego	Jeri Bonesteele 6255 Mission Gorge Rd San Diego, CA 92120	Phone: 619-285-6505 Fax: 619-285-6531 Email: jboneshe@co.san-diego.ca.us
San Francisco	Steve LaPlante San Francisco EMS 1540 Market St. Ste 220 San Francisco, CA 94102	Phone: 415-554-9149 Fax: 415-241-0519 Email: steve_laplante@dph.sf.ca.us
San Joaquin	Darrell Cramphorn San Joaquin EMS PO Box 1020 Stockton, CA 95201	Phone: 209-468-6818 Fax: 209-468-6725 Email: dcramphorn@co.san-joaquin.ca.us
San Luis Obispo	Tom Lynch, MHOAC 712 Fiero Lane, #29 San Luis Obispo, CA 93401	Phone: (805) 546-8728 Fax: (805) 546-8736 Email: sloemsa@fix.net
San Mateo	Matt Lucett San Mateo EMS 225 37 th Ave. San Mateo, CA 94403	Phone: 650-573-2564 Fax: 650-573-2029 Email: mlucett@co.sanmateo.ca.us
Santa Barbara	Nancy LaPolla, MHOAC 300 North San Antonio Road Santa Barbara, CA 93110-1316	Phone: 805-681-5274 Fax: 805-681-5142 Email: nlapoll@co.santa-barbara.ca.us

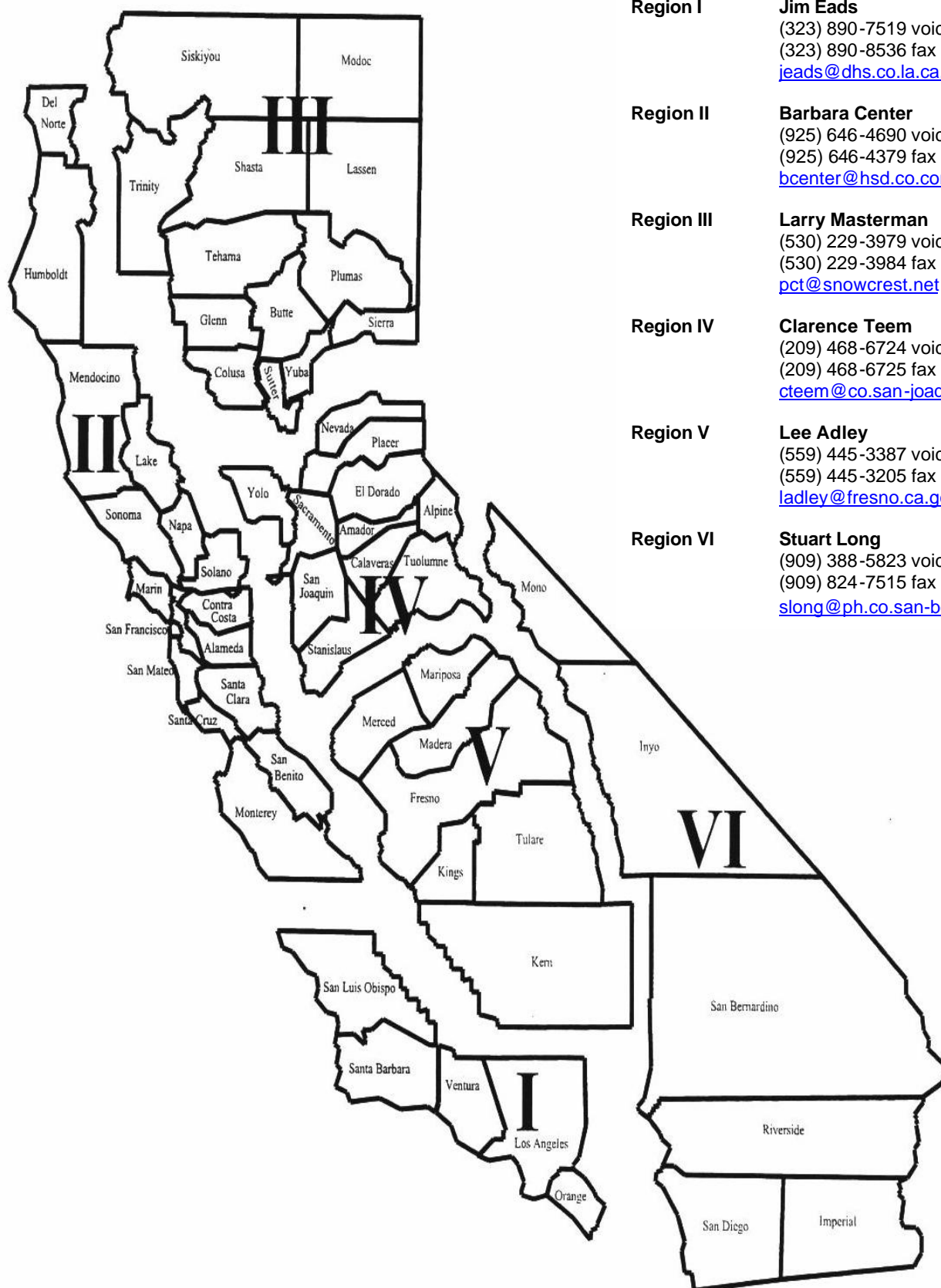
Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Santa Clara	Rob Petrucci Santa Clara EMS 645 So. Bascom Ave. Ste 138 San Jose, CA 95128	Phone: 408-885-4252 Fax: 408-885-3538 Email: rob.petrucci@hhs.co.santa-clara.ca.us
Santa Cruz	Vol Ranger Santa Cruz EMS 1080 Emeline Ave Santa Cruz, CA 95060	Phone: 831-454-4751 Fax: 831-454-4272 Email: vol.ranger@health.co.santa-cruz.ca.us
Shasta	Melissa Janulewicz Family Health Manager 2650 Breslauer Way Redding, CA 96001	Phone: 530-225-5066 Fax: 530-225-5074 Email: mjanulewicz@co.shasta.ca.us
Sierra	Liz Fisher OES PO Box 513 Downieville, CA 95936	Phone: 530-289-0212 Fax: 530-289-3339 Email: scoes@sccn.net
Siskiyou	Grizz Adams OES 311 Lane St. Yreka, CA 96097	Phone: 530-842-8379 Fax: 530-842-8378 Email: sisqoes@snowcrest.net
Solano	Michael Modrich Solano EMS 1735 Enterprise Dr. Bldg. #3 MS 3-110 Fairfield, CA 94533	Phone: 707-421-6685 Fax: 707-421-6682 Email: mmodrich@solanocounty.com
Sonoma	Mike DuVall Coastal Valley EMS 3273 Airway Dr. Ste E Santa Rosa, CA 95403-2097	Phone: 707-565-6501 Fax: 707-565-6506 Email: mduvall@sonoma-county.org
Sutter	Mike Harrold OES 1160 Civic Center Blvd., #E Yuba City, CA 95993	Phone: 530-822-7400 Fax: 530-822-7109 Email: mharrold@co.sutter.ca.us
Tehama	Valerie Lucero, PHN Health Dept. 1860 Walnut St. Red Bluff, CA 96080	Phone: 530-527-6824 Fax: 530-0362 Email: lucero@tcha.net
Trinity	Elise Osvold-Doppelhaur, PHN Health Dept. PO Box 1470 Weaverville, CA 96093	Phone: 530-623-8215 Fax: 530-623-1297 Email: eosvolddoppelhauer@trinitycounty.org

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Tulare	Patricia Crawford EMS Director 5957 S. Mooney Blvd. Visalia, CA 93277	Phone: 559-737-4660 Fax: 559-737-4693 Email: pcrawfor@tularehhsa.org
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Emergency Medical Services Authority
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